PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100/1309-1

CLAIMS AS FILED - PART (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			4//				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			イ/ minus 20=		* 21			X\$ 9=		OR	X\$18=	378
INDEPENDENT CLAIMS			s m	inus 3 =	* 2			X42=		OR	X84=	168
MU	ILTIPLE DEPEN	DENT CLAIM P				Ì	+140=		OR	+280=		
* If	the difference	in column 1 is	less than zo	ero, ente	r "0" in d	column 2	L	TOTAL		OR	TOTAL	1286
	С	LAIMS AS A	MENDE	O - PAR	T II						OTHER	
(Column 1)			(Colur HIGH			(Column 3)	n 3) SMAI		ENTITY	OR	SMALL	ENTITY
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		Ì	+140=		OR	+280=	
							L	TOTAL			TOTAL	
										OR	ADDIT. FEE	
_		(Column 1)			mn 2) HEST	(Column 3)						
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X42=		OR	X84=	
<u> </u>	rino i Prizoc	INTATION OF IM	JETIPLE DEI	PENDEN	CLAIIVI		Ī	+140=		OR	+280=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	-	X42=			X84=	
┖	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDEN	T CLAIM		-	746=		OR	A04=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140=		OR	+280=	
** If the entry in column 1 is less than the entry in column 2, write 'o' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
•	The "Highest Num	ber Previously Pai	d For" (Total o	r Independ	ent) is the	highest number	four	nd in the app	ropriate box	in col	umn 1.	